



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: BAPTIST HEALTH FLOYD

City of Hospital: New Albany

Year Begin: 09/01/2018 (mm/dd/yyyy format)

Year End: 08/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Mary Paul

Email Address: mary.paul@bhsi.com

Medicare Provider Number: 15-0044

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$662451301
Outpatient Patient Service Revenue	\$845142820
Total Gross Patient Service Revenue	\$1507594121

2. Deductions From Revenue

Contractual Allowance	\$1185155108
Other Deductions	\$39567226
Total Deductions	\$1224722334

3. Total Operating Revenue

Net Patient Service Revenue	\$282871787
Other Operating Revenue	\$4660838
Total Operating Revenue	\$287532625

4. Operating Expenses

Salaries and Wages	\$95316699	Employee Benefits	\$21076957
Depreciation and Amortization	\$16573685	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$149403242
Total Operating Expenses	\$282370583		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5162042	Total Assets	\$239733415
Net Non-operating Gains over Loss	\$314484	Total Liabilities	\$12451431

Total Net Gains	\$5476526
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$819639988	\$657970030	\$161669958
Medicaid	\$200497510	\$167999918	\$32497592
Other Government	\$15756798	\$12858037	\$2898761
Other State	\$0	\$0	\$0
Other Payers	\$471699825	\$346327122	\$125372703
Total	\$1507594121	\$1185155107	\$322439014

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$435388	\$343902	\$91486

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	12904
Number of Citizens Exposed to Health Education Messages	37510

Statement Six: Charity Statement
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Hospital Charity Charges	\$27143321
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4398106	
HCI Payments	\$0		
Subtotal	\$0	\$4398106	\$-4398106
Medicaid Shortfalls	\$32195473	\$39198173	
Subtotal	\$32195473	\$43596279	\$-11400806
DSH Payments	\$0		
Subtotal	\$32195473	\$43596279	\$-11400806
Medicare Shortfalls	\$96934629	\$102334240	
Other Government Programs	\$2823089	\$2880116	
Total	\$131953191	\$148810635	\$-16857444

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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